



MPLC MOVIE LICENCE BOOKING APPLICATION FORM

Tel: +353 (0) 6568 20368
Fax: +353 (0) 6568 23590
Website: www.mplc.ie

Organisation Details							
Film Society/Club/Organisation:					Access Cinema Member YES / NO	Membership No:	
Contact Name:							
Address:							
Telephone Number:			Fax Number:		Email Address:		
Invoice Address Details							
Contact Name:							
Address:							
Telephone Number:			Fax Number:		Email Address:		
Licence Request Details							
Screening Date	Venue	Film Title	No. of Screenings	Expected Audience Size	Studio/Distributor Name	Non-Commercial, no admission charge	Commercial with admission charge*
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
I hereby request and agree to an MPLC Movie Licence, subject to the Terms and Conditions provided on line at www.mplc.ie (sign below)							
Signature:					Date:		
Name (Mr/Mrs/Ms):				Position:			
Please return your completed form to our Freepost address (no stamp required): FREEPOST, Motion Picture Licensing Company ,Suite 7, Clare Technology Park, Ennis, Co Clare . Email a scanned copy to ieinfo@mplc.ie or Fax to: 065 6823590							
<i>Your Movie Licence and Invoice will be processed by return. Thank you for your application we hope your screening is successful.</i>							
<i>* Commercial Applicants must complete a returns form after each event. A second invoice will be issued if required.</i>							
For Office Use Only:		Client No:		Licence No:		Ref:	